



# PURCHASE ORDER

**PO Number: 303-1-0729**

*Requisition Number: 303-1-01678*

**Order Date: 4/30/2021**

**Released**

**DUE TO COVID-19 AND TFC'S COMMITMENT TO TIMELY PAYMENT,  
PLEASE SUBMIT INVOICE ELECTRONICALLY TO:**

accountspayable@tfc.state.tx.us

**IF INVOICE IS MAILED, DELAYS MAY OCCUR.**

TEXAS FACILITIES COMMISSION

FISCAL MANAGEMENT / ACCOUNTS PAYABLE

P.O. BOX 13047 Austin, Texas 78711-3047

## Delivery Location

Parking Garage R, Warehouse

1706 San Jacinto Blvd.

Attn: Jesse Jones

Austin, TX 78701

**Show numbers on all papers and packages**

## Referenced Source or Vendor

17526008572

DURAN INDUSTRIES INC

504 BUSINESS PARKWAY

RICHARDSON, TX 75081

DANIEL BASQUEZ

Phone:972-238-7122, Fax:(972)238-7123

DBASQUEZ@DURANCO.COM

Various Electrical Stock Items.

Price Per Attached Quote #16893A Dated 04/21/2021.

## Description

TFC Contact:

Jesse Jones

512-463-3209

## Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
WIC MCS 12/2 SOL 250C STL ARM Black/White/Green	1000	Per Ft.	\$0.62	4/30/2021	8/6/2021	\$620.00

**NIGP Class:** 280

**NIGP Item:** 95

**Object Class:** 334

**Reimbursement Type:** Not Reimbursable

**Notes:**

Vendor: #980100S5473

WH: #08106

WIC MCS 12/2 SOL 250C STL ARM  
Blue/White

<b>NIGP Class:</b> 280 <b>NIGP Item:</b> 95 <b>Object Class:</b> 334 <b>Reimbursement Type:</b> Not Reimburseable <b>Notes:</b> Vendor: #980100S0915	1000	Per Ft.	\$0.62	4/23/2021	8/6/2021	\$620.00
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CRS TP568 Metal 4-11/16" Square Flat Blank Cover

<b>NIGP Class:</b> 285 <b>NIGP Item:</b> 95 <b>Object Class:</b> 328 <b>Reimbursement Type:</b> Not Reimburseable <b>Notes:</b> Vendor: #TP568 WH: #00144	100	Each	\$0.64	4/30/2021	8/6/2021	\$64.00
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OSP20-ND0: Leviton Power Pack w/ HVAC Relay

<b>NIGP Class:</b> 285 <b>NIGP Item:</b> 27 <b>Object Class:</b> 330 <b>Reimbursement Type:</b> Not Reimburseable <b>Notes:</b> Vendor: #OSP20-ND0	8	Each	\$31.35	4/30/2021	8/6/2021	\$250.80
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OSP20-RD0: Leviton Power Pack

<b>NIGP Class:</b> 285 <b>NIGP Item:</b> 27 <b>Object Class:</b> 330 <b>Reimbursement Type:</b> Not Reimburseable <b>Notes:</b> Vendor: #OSP20-RD0	12	Each	\$35.50	4/30/2021	8/6/2021	\$426.00
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CRS 450S 1/2" Connector, Set Screw, EMT.

<b>NIGP Class:</b> 285 <b>NIGP Item:</b> 23 <b>Object Class:</b> 328 <b>Reimbursement Type:</b> Not Reimburseable <b>Notes:</b> Vendor: #450S WH: #00167	200	Each	\$0.15	4/30/2021	8/6/2021	\$30.00
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1/2 in. x 10 ft. EMT Conduit

<b>NIGP Class:</b> 285 <b>NIGP Item:</b> 26 <b>Object Class:</b> 328 <b>Reimbursement Type:</b> Not Reimburseable	1000	Per 10 Ft.	\$0.60	4/30/2021	8/6/2021	\$600.00
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**Grand Total \$2,610.80**

<b>Agency</b>	TFC
<b>Fiscal Year</b>	2021
<b>Division</b>	Facilities Management and Operations
<b>Program</b>	Property Management
<b>Phone</b>	5124633209
<b>Org Code</b>	0442 - Facility Maintenance
<b>Type of Purchase/PCC Code</b>	'E' Purchases of commodities/services when the total amount is between \$0.00 - \$5,000.00
<b>Work Order Number</b>	N/a

ALL TERMS AND CONDITIONS SET FORTH IN OUR BID INVITATION BECOME A PART OF THIS ORDER. VENDOR GUARANTEES MERCHANDISE WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

#### Invoicing Standards

To facilitate payments from Texas Facilities Commission please follow the invoicing standards set forth below.

The invoice should include, but is not limited to including:

- (1) the vendor's mailing and e-mail (if applicable ) address;
- (2) the vendor's telephone number;
- (3) the name and telephone number of a person designated by the vendor to answer questions regarding the invoice;
- (4) the state agency requisition number;
- (5) the state agency's name, agency number, and delivery address;
- (6) the commission's purchase order number, if applicable;
- (7) the contract number or other reference number if applicable;
- (8) a valid Texas Identification Number (TIN) issued by the Comptroller of Public Accounts;
- (9) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (10) unit numbers corresponding to the original order; and
- (11) other relevant information supporting and explaining the payment requested or identifying a successor organization to an original vendor, if necessary.

**FOB DESTINATION CASH DISCOUNT: 0% 0 DAYS.**

#### TEXAS FACILITIES COMMISSION INTERNAL PURCHASING

PURCHASER: \_\_\_\_\_  
Jordan, Michelle,

**(IN ACCORDANCE WITH YOUR BID, SUPPLIES MUST BE PLACED IN THE AGENCY RECEIVING ROOM IN DAYS FROM RECEIPT OF ORDER.)**

STATE AND CITY SALES TAX EXEMPTION CERTIFICATE: The undersigned claims an exemption from taxes under Tex. Tax Code § 151.309 (1993), for purchase of tangible property described in this purchase order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

[\(Show Terms And Conditions...\)](#)